THE

Hindu Message

A Weekly Review of Indian and World-Problems from the Hindu Standpoint

Medical Supplement

'चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः'। 'बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति'

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NOTES AND COMMENTS.

According to investigations carried out by Dr. Arturo Caballero, professor of Botany in the University of Barcelona, in the summer of 1919—1920, mosquito larvae die in any water where the plant known as Chara foetida is found. The larvae die quicker if they are young and those fresh from the egg do not last over an hour. These laboratory experiments were later tried out in the field. Caballero suggested at first that the larvae died because of the film formed on the surface of the water by the plant in question, but further experiments showed that they also died if the film was removed. He suggested, therefore, that the death of the larvae is produced by some toxic substance segregated by the chara plants. The plant spreads rapidly in the water and seems to last indefinitely.

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Dr. Lemon says; "have used phosphorus with good results in all kinds of lung conditions during the past eleven years. Have found it specially valuable in acute bronchitis, pneumonia and phthisis. Not only the lung condition, but the patient's general condition, showed inprovement." He suggests that a tendency towards tuberculosis may be due to a lack of phosphorus in the nervous and other tissues of the patient. Comp. Phos. Tonic Dowd, gives phosphorus in its free state; some remarkable results are being reported from its use as a nerve and general tonic. try the prescription advised by The Richardsons.

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The Italian Government by Royal Decree, has officially recognised the Homeopathic Pharmacopœia and has appointed Dr. Dandolo Mattoli of Florence, a member of the Superior Sanitary Council, as an expert in Homeopathy, with instructions to finish the compilation of Italian Homeopathic Pharmacopœia. Italy thus becomes the first European Government to officially recognise Homeopathy.

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The *Indian Trade Journal* has the following statement:—The cultivation of Bhang and Charas has been absolutely prohibited in the Kabul, Southern and Eastern provinces. Heavy penalties including the sequestration of land placed under such cultivation, are announced for contravention of this order.

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The Government of Bombay has now decided not to proceed with the scheme for a Bombay School of Tropical Medicine. This is due to the funds not permitting the carrying of the school.

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The great Dublin physician, Robert Graves, knew that feeding a patient was better than starving one. His treatment of consumption is not surpassed—it is not equalled—at the present day. His instructions were practically these: The patient was to go to bed early and rise early; chest was to be washed with cold water containing acetic acid; he was to lay aside tea and slops, and feed on beef, bread, and, wholesome beer thrice daily; he was to be driven, for several hours each day, rapidly in the open air. Graves gave quinine and dilute sulphuric acid as a tonic and to restrain sweating: and he cites brilliant recoveries.

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The fact that probably ninety per cent of diseases will recover in spite of improper medical treatment or no medical treatment at all, makes the quack a possibility. If 90 per cent of our patients would recover anyhow without any medication or in spite of our improper treatment, are we not quacks to the extent of 90 per cent? Where is then for the doctor to boast that he cured diseases and not Nature? And yet how many of us bring Nature to our aid in treating diseases.

Treatment of Gonorrhea.

Inasmuch as the essential pathologic lesion of the chronically inflamed urethra is an infiltration of its submucosa, the essential treatment of chronic urethritis, according to Edward L. Keyes, Jr. New York, is dilatation which shall be made to simulate massage as nearly as possible-dilatation applied both to the anterior and to the posterior urethra so far as the inflammation affects both portions of the canal. Dilatation should not cause bleeding; for bleeding is evidence of laceration, laceration is the occasion of infiltration, and infiltration is the lesion that we are seeking to relieve. Dilatation should not attempt to stretch scar tissue, because scar tissue cannot be stretched. The anterior urethra may profitably be dilated to from 28 to 32 F; the posterior urethra (by means of the Kollman dilator) to from 33 to 38 F. The intervals between treatments should be from five to ten days. The application of injections and irrigations, however antiseptic, to the surface of the urethal mucosa can have but little effect on its pathologic processes. A mild urethral discharge may be controlled by a mild injunction and for this purpose astringent injections of zinc sulphate and similar substances are far more efficacious than are the antiseptics. If the treatments are gentle, it is often quite as well not to introduce any antiseptics into the urethra; but when beginning with a patient, or if there is any possibllity of a reaction following the treatment, an antiseptic which washes out the major number of bacteria and tends to diminish the vitality of others is worth while. Massage of the prostate and seminal vesicles is the best substitute for the processes of Nature, and has the added advantage of being conducted in a relatively calm spirit. The urethroscopic treatment of granulations in the posterior urethra by the application of chemicals is most useful in cases that resist treatment by dilatation. But the urethroscopic treatment is not to be considered one of choice to replace dilatation—dilatation is always of the essence of the treatment of chronic urethritis.

Medical Herald.

Life Without Disease.

THE AID OF MEDICAL SCIENCE.

Medical science may one day stamp out disease as surely as gangarene has been stamped out in surgery by the work of Lister and Pasteur.

These words, which carry the promise of a life without disease, terminated only by senile decay or violence, formed part of the presidential address of Dr. John Matheson at the annual meeting of the Caledonian Medical Society in London in mail week. Though treatment by vaccine and serum has been the fashion for some time, he said, success has, so for, been attained in very few cases.

But experimental research may find a remedy for all germ diseases no less effective than those remedies now available for small-pox and diphtheria.

Dr. Matheson has no faith in the monkey gland fantasy or in any of the other modern specifics for making the old young again.

Medical science, he thinks, can never abolish or even largely modify, the cycle of existence—growth, maturity, and decay. But he has a profound belief that the process of decay may be, to a very large extent, postponed—but not by drugs.

Longevity, he thinks may be attained by raising the power of resistance of our tissues to the attacks of germs and their poisons.

"If two people are exposed to the same infection, one may catch the complaint and the other escape. Exactly how this greater susceptibility arises we are not yet able to determine. Immunity is a relative term, and our aim must be to make it more complete.

"Germs cannot be extirpated but we may make it more difficult for them to grow and multiply."

Healthy dwelling, personal hygiene, fresh air and sunshine (weather permitting) in large doses and a sufficient supply of wholesome food, in which those elusive compounds called vitamines must be well represented, are the finest preventives.

A new Variety of Streptothrix Cultivated from Mycetoma of the Leg.

Lt. Colonel J. W. Cornwall. D. P. H., I. M. S. and H. M. Lafreniais, I. M. D. of the Pasteur Institute of Southern India have reported in the Indian Journal or Medical Research, July 1922 a case of a Hindu cultivator, aged about 55 who had a swollen leg for many years and numerous sinuses opened on the surface of the skin of the affected area. Material was obtained in a pipette from the depths of a sinus and spread on the surface of two or three agar tubes which were incubated at 37°C. Colonies heaped up of a white staphylococcus appeared, some heaped up and some quite isolated. From one of the latter a pure growth of a streptothrix was obtained directly. The main characteristics of the streptothrix were:—Long interlaced filaments with no septa, but often with clubbed extremities. Lateral buds and short branches but no dichotomy. The protoplasm tends to segragate within the hyphal integument into spheres, ovoids and rods which are eventually set free. Grows well on artificial media containing protein and a suitable carbohydrate, more abuntantly in fluids than on solids. It does not tend to spread on the latter and form a continuous sheet, but remains in small heaps which adhere closely to the medium Colour lightish brown or faint pink. Absorbs some dyes from fluid media. Grows well in milk, forms no acid, does not clot it, digests the case in very slowly, if at all. Aerobic, but it grow scantily anaerobically. In fluids it grows partly on the surface and partly forms minute, discrete colonies at the bottom. Seldom forms colonies on sides of vessel. No puff ball growth Grows on potato. Does not liquefy gelatine or blood serum. Does not ferment any sugars. Has no diastatic action. Cultures have a faint, earthy odour. Old cultures show a white efflorescence and the organism retains its vitality for a long time. It is gram positive and the original culture and the early subcultures were acid-fast but this property was was gradually lost in subcultures. *Source* Mycetoma of leg (human.) Pathogenicity in animals. Not yet known.

Their suggestions for the treatment may be summarised as under. So far streptothricial infections have not proved amenable to drug treatment Potassium iodide has been landed by some authors and declared useless by others. It has not been reported to have been of service in mycetoma in India. As a result, mycetoma does not find its way very frequently into hospitals, where the usual treatment is amputation, for the disease is of such long duration that sufferers not infrequently succumb to some other complaint and even though they generally prefer to retain them in spite of their health becoming weakened by septic absorption. If the idea underlying the system of treatment of leprosy, and more recently of tuberculosis, by derivatives from various vegetable and animal oils is correct, it seems that the same or similar remedies ought to have an application in other streptothrical invasions, such as mycetoma and actinomycosis, not only internally parenterally but also as local douches or injections. Our streptothrix failed to grow in media to which sodium morrhuate or sodium gynocardate had been added unless the dilution was very high. Exact experiments were not

made on this point as it did not seem to us likely that anything of importance would emerge. Walker and Sweeny maintain that the bactericidal activity of the chaulmoogric acid series is specific for acid-fast organisms, but inactive against non-acid-fast groups; also that the fatty acids of cod-liver oil, which have a different chemical structure, are of much lower bactericidal activity. Little or nothing is known of the influence on mycetoma of an autogenous vaccine of the infecting type of streptothrix which might perhaps be combined with a vaccine prepared from the principal pyogenic organisms which secondarily infect the sinuses.

Restoring The Dead To Life.

SECRETS OF A JAPANESE SCIENCE.

A means of restoring the apparently dead to life, by what is called the 'Katsu Resuscitation' process, has been known to the Japanese for thousands of years.

Its secret, which is related in "Tit-Bits," has been jealously guarded through the years, and Captain S. L. McLaglen, the jiu-jitsu champion of the world, declares that he believes he is the only white man who has learnt it and the first to make it generally known.

He learned the secret, Captain McLaglen states, in 1907, when he met a Japanese in a jiu-jitsu combat for the championship of the world. The Japanese although defeated became very friendly and told his opponent about Katsu and taught him all he knew.

Later, from various sources in the East, Captain McLaglen gradually picked up point after point, testing the theories by experimenting first on monkeys and then on African natives.

"As a result of what I have learnt, Captain McLaglen declares, "I am now in a position to say quite confidently that a person who has died from shock is not actually dead until decomposition has set in. In simple language, the apparently dead can be restored to life."

The secret science of Katsu is applied on certain nerve centres, pressure on which stimulates the nerves and causes a reaction of the heart. The nerves affected are those of the pectoral arch, where the thinness of the tissues and other matter leaves the nerves most exposed. Two other centres which are affected simultaneously are the pneumogastric centre and the auditory nerves of the brain.

Over and over again, often the heart's action has actually stopped, this method of resuscitation has according to Captain McLaglen, proved effective.

The first case in which he tried his knowledge of Katsu successfully was in Santiago, Chile, where a man was 'knoked out' in a boxing contest. The doctors failed to restore the man and to all appearances he was dead. Katsu treatment was applied and in about thirty seconds he had recovered.

A Negro at Dar-es-Salaam, a port on the East Coast of Africa, was felled by a log and a doctor pronounced him to be dead. Captain McLaglen applied the Japanese treatment and before many minutes, apart from a dislocated shoulder the Negro was as 'right as rain.' Had the treatment not been applied the Negro would have remained 'dead.' He would have been buried alive.

While deputy-governor of No. 5 Military Prison near Calais, during the war, Captain McLaglen was summoned to another case.

"The man, I was told" (writes Captain McLaglen in the "Wide World Magazine.") "had been unconscious for a very long time and the doctors had completely failed to rouse him. The heart's action had become so feeble that he might die at any moment.........I set about the task, and in, roughly forty seconds I had the patient on his feet talking to the doctors, to their utter astonishment."

Thousands of men died in the war though they were not shot in a vital part of the body. Captain McLaglen believes that if anyone had been at hand who knew something of this system of resuscitation many lives would have been saved.

The Hindu.

Radiotherapy of Exophthalmic Goiter.

Fischer reviews his 490 cases. The improvement realised by the radiotherapy has persisted in the majority during the years since. His entire 490 cases included only eleven men. In 8 cases the thyroid had been previously resected. The interval from the first symptoms ranged from six months to five years in the majority, and the age in all from 24 to 63. Fourteen cases are described with illustrations. The weight increases as the benefit is felt; again of 5 kg. is common, and gains up to 10 or 20 kg. have been observed. Sweating and diarrhea were promptly arrested, as also the glycosuria noted in 3 per cent. Tachycardia was the most constant symptom, and this disappeared entirely in 25 percent, and was materially modified in a further 50 per cent. In the others, the pulse kept at about 100 to 120 but the patients felt well. Exophthalmos was the hardest to influence of all the symptoms, whether treatment was by raying or by operation, but it subsided completely in some. The effect was more pronounced the more recent the exophthalmos. In about a third of the patients, the goiter persisted, although the general condition had been very much improved. In the other two thirds the thyroid returned more or less completely to its normal size.

The soft goiters yielded soonest; the hard first became soft and then slowly subsided. Recurrence was very rare in private patients, but certain working women had the symptoms return later, and a second course of treatment was given. Four cases are on re-

cord in Danish literature in which the patients died after reontgen exposures, and the radiotherapy was incriminated for the fatalities. But Fischer here reports two similar cases of suddenly fatal exophthalmic goiter differing only in that radiotherapy had not been applied. Otherwise the conditions seemed to be identical. All these fatal cases were in the severer forms of exophthalmic goiter, and these forms call for extra caution. In the 30 cases of pregnancy while the women were under observation no influence on the gestation from the radiotherapy could be discovered, and the pregnancy did not aggravate the hyperthyroidism. In the severe cases the cross-fire dose was 3 H units; if this was borne well, then 8 or 10 units a month later. The mild cases were given the latter dose to start with. In mild rudimentary cases, the radiotherapy usually insured a permanent cure. If the roentgen treatment had not benefitted in two or three months, it was considered useless to continue it. He says that the radiotherapy never renders an operation later more difficult. Stationary chronic forms should be given operative treatment on account of the danger of degeneration of the myocardium; radiotherapy is only the second choice in this group. The more recent the case, the greater the chance of cure under radiotherapy, which may be said to be quite harmless.—*Ugeskrift for Laeger, Copenhagen.*

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